

SCIENCE & MEDICINE DEPT



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Brief  
of the  
Ontario Osteopathic Association  
to the  
Medical Services Insurance Inquiry







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Brief  
of the  
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to  
Medical Insurance Plan Committee

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1963

We note the terms of reference of Bill 163 are:--

It is a prepaid insurance plan to cover the cost of medical services to the insured.

The medical services covered by the plan must be rendered by a "physician" as designated by the Bill, which is the definition of physician in "The Medical Act."

In reference to Clause 2 in the Bill, we wish to express our support of the stated purpose of the Bill, i. e. payment of the cost of medical services.

At the same time we believe that the Bill, in its preamble, should state that the basic purpose of the plan is to encourage the use of medical services by the population for the prevention of sickness by routine medical examination, to detect the early non-clinical evidence of the beginning of disease.

Morbidity statistics (DBS, Bulletin 110, Latest Sickness Survey) reveal that the major category of sicknesses suffered by Canadians are the chronic, debilitating ones. Early detection of these diseases is imperative, if the person so afflicted is to be maintained as a functioning being.

For the above reason it has been the stated opinion of the osteopathic profession that any program for medical care should be predicated on the principle of prevention, rather than merely providing care once a disease has become a full-blown clinical entity.





Where Clause 1, item "1" in the Bill defines the term "physician", we must point out that the Bill by this restrictive definition fails to provide the insured with a free choice of all available health services. This, surely, is not the will of the Government.

We recognize that your Committee has no power to amend the definition of "physician" in The Medical Act. However, we ask that your Committee recommend to the Government that the insured be given the right to use the services of the osteopathic profession as currently provided by private insurance contracts, fraternal benefit organizations and the Workmen's Compensation Board. (see attached list)


### Appendix

Because there is little knowledge concerning osteopathic medicine among many sections of the public, we are including now a short account of the principles underlying the concepts and practice of osteopathic medicine.

Since its inception osteopathic medicine has been a complete school of medicine and surgery. Its philosophy has been based on the holistic concept, which means the dynamic interdependence of all systems of the body. Not only has this been the philosophic concept but it has also been the active principle in practice.

To-day, arguments in favour of a holistic concept may sound like "banging on an open door" but there was a time of divergent views. For an understanding of the origin of osteopathic medicine it is necessary to review the situation in medicine in the mid-1800's.

As the result of the invention of the microscope, by the late-1800's the classic line of investigation had become microscopic anatomy, physiology and pathology of the cellular components in isolation. The connective tissue milieu of all cells was largely ignored. To quote an eminent authority on this point, David A. Hall, B.Sc., Ph.D., lecturer on



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Biochemistry in the Department of Medicine, University of Leeds, states in his textbook "The Chemistry of Connective Tissue" (1961), "The medical sciences were to turn their backs (in 1830) on connective tissue for many years-----A detailed chemical study has only been possible for the majority of tissues during the last decade." The microscope was too limited a tool for study of the very complex connective tissues. The enzyme chemistry of these tissues has been shown to be essential to many biological mechanisms, e.g. immunity, fertility, infection and repair of injured tissues. Movement is entirely dependent on the liquid components of the connective tissues. These recent advances in medicine had to wait until the sciences of physics and chemistry had developed the new tools adequate for the task: e.g. electron microscope, radioisotopes, chromatography, electromyography etc.

During this period, in 1892, the osteopathic school of medicine came into being, not in opposition, but as an extension of the then current concept of medical thought. The founders felt that in addition to the investigation of specialized cells and specific etiological agents in the realm of microbes it was necessary to take into consideration the whole being and all its systems. This included the musculo-skeletal and connective tissue system. The fact that osteopathic medicine included this system in the assessment of health and disease gave rise to the erroneous notion that this musculo-skeletal and connective tissue system was its exclusive interest. To the contrary, osteopathic medicine has always incorporated the discoveries made by all investigators.

The technological advances developed by the general sciences are warmly welcomed by the osteopathic school of medicine, especially as these open the way to broader concepts concerning the life processes. At osteopathic research centres more and more investigations





are being undertaken in the connective tissue field to provide scientific explanations for the basis of osteopathic therapy.

Biophysicists and biochemists at the major medical research institutions are adding the findings in this field. The textbook quoted above is a case in point. Another reference is from the introduction to "Carbohydrates of Living Tissues" (1962) by M. Stacey, F.R.S. and S.A. Barker, University of Birmingham (Eng) - "Now that the antibiotics and the great advances in surgery promise to leave us only with those disorders which are hereditary or constitutional, it is imperative to know precisely the normal constituents of living tissues so that accurate diagnosis may be made."

This brings us back to the original point that any scheme which is concerned with the health of our people should be predicated on the extension of the use of medical services for the early detections of beginning disease states and their prevention or containment.

This is a condensed version of a large subject but we were aware that your Committee was not constituted to hear presentation of the qualifications of the professions, therefore we have confined our remarks to historic facts relative to osteopathic medicine.

We trust this brief has provided you with information for your deliberations. Literature covering other aspects of the osteopathic profession and its institutions will be provided on request.





A Partial List of Insurance Contracts Paying  
for Osteopathic Services

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1. Aetna Life
2. British Columbia Government Employees Medical Service.
3. British Pacific Insurance Co.
4. Canada Health and Accident Assurance Co.
5. Canadian Pacific Medical Assistance
6. C. U. & C. Health Service
7. Continental Casualty
8. Employers Liability
9. Great West Life
10. Fidelity Health Association
11. Fraser Valley Medical Service
12. London Life
13. Medical Services, Alberta
14. Mutual Benefit Health and Accident Assurance
15. New Zurich Insurance
16. Ontario Teamsters Welfare
17. Transportation Insurance Co.,
18. United Benefit Life Insurance, Health & Accident
19. United Home Security
20. Travellers Life Ins. Co.
21. Metropolitan Life
22. Simcoe Co-op Medical Services
23. Kent Co-ope. Medical E.M.









